

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
00 FEB 11 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

97-2000
DOCUMENT # P96000053278

Corporation Name

FIRST CHOICE HOME MEDICAL EQUIPMENT, INC

Place of Business

Mailing Address

5391 WEST 20 AVE
HIALEAH, FL 33012

above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06-24-96

Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

& State

City & State

65-0676798

Not Applicable

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
P	DIANA FELICIANO		634 WEST 32 ST		HIALEAH, FL 33012

000003138470-4
-02/17/00-01048-002
****615.00 ****615.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIEL CAMPS
5391 WEST 20 AVE
HIALEAH, FL . 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Daniel Camps

Date

REGISTERED AGENT MUST SIGN

i. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Diana Feliciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

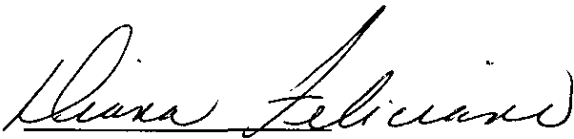
CR2E081 (12/98)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$615.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **FIRST CHOICE HOME MEDICAL EQUIPMENT INC** Thank you for your courtesy in this matter.



DIANA FELICIANO
President